

# CANDIDATE'S REPORT

(To be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

KEN FRANQUES  
P.O. Box 62553  
Lafayette, La. 70596

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

Sheriff  
Lafayette  
Parish

OFFICE USE ONLY

Supp  
2/15  
10/99

0501939

3. Date of Primary

October 23, 1999

This report covers from February 2004 through December 2004

4. Type of Report:

- 180th day prior to primary       40th day after general  
 90th day prior to primary       Annual (full term election)  
 30th day prior to primary       Supplemental (past election)  
 10th day prior to primary  
 70th day prior to general       Amendment to prior report

5. FINAL REPORT of:

- Withdrawn       Filed after the election AND all loans and debts paid  
 Unreported

6. Name and Address of Financial Institution

(You are required by law to use one or more banks, savings and loan associations, or money market mutual funds as the depository of all campaign funds.)

7. Full Name and Address of Treasurer

8. Name of Person Preparing Report

KEN FRANQUES

Daytime Telephone 337-207-4288

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 14<sup>th</sup> day of February, 2005

Signature of Candidate/Chairperson  
(To be signed by chairperson only if report by principal campaign committee)

337-207-4288  
Daytime Telephone

Signature of Treasurer

Daytime Telephone

9. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY

a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees. If any (use additional sheets if necessary).

2005 FEB 16 PM 12:25

LOUISIANA  
STATE CAMPAIGN FINANCE  
ADMINISTRATION  
RECEIVED

## SCHEDULE B: LOANS RECEIVED

The following information must be provided for each loan or line of credit received this reporting period, even if it has been repaid. Also, complete this schedule for loans received in prior periods that are still outstanding. Separate loans must be reported separately, even if from the same source. Any personal funds a candidate loans to his campaign must be reported on this schedule.

<p>1. Name and address of lender  <u>KEN FRANQUEY</u>  <u>P.O. Box 62553</u>  <u>Lafayette, La. 70596</u></p>	<p>2. a. Date* <u>10-18-98</u>      b. Interest rate _____ % (a.p.r.)</p> <p>c. Amount borrowed* ..... \$ <u>70,000.00</u></p> <p>d. Balance due ..... \$ <u>64,195.73</u></p> <p>*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.          OPTIONAL: Total amount of credit available \$ _____</p>
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<p>3. Endorsers/Guarantors</p>	<p>4. Repayments this period</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Date</th> <th style="width: 35%;">Principal</th> <th style="width: 35%;">Interest</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Principal	Interest			
Date	Principal	Interest					

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)

<p>1. Name and address of lender</p>	<p>2. a. Date* _____      b. Interest rate _____ % (a.p.r.)</p> <p>c. Amount borrowed* ..... \$ _____</p> <p>d. Balance due ..... \$ _____</p> <p>*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.          OPTIONAL: Total amount of credit available \$ _____</p>
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Form 100, Rev. 3/89, Page Rev. 3/89